



The Economic Value of Speech-Language Pathology Services for Adults



Investment in services delivered by SLPs—individually and as part of a multidisciplinary team (MDT)—is a proven strategy for reducing costs, preventing adverse events, and improving patient outcomes across the care continuum.

Care by SLPs leads to direct cost savings for adults with chronic feeding tube dependency after stroke.

Treatment informed by SLP-led instrumental swallowing assessment reduced annual costs **44%–66%** by eliminating gastrostomy tube (G-tube) feedings.¹



Timely access to SLPs' services cuts health care costs by preventing downstream events.

Lower Odds of Pneumonia

- **3×** lower odds with referral to SLPs within 72 hours post cardiac surgery vs. delayed referral²
- **2×** lower odds with stroke dysphagia screening protocol with rapid referral to SLPs vs. pre-protocol rates³

Shorter Length of Stay

- **2–3** fewer hospital days for adults with head and neck cancer (HNC) following pre-op counseling by SLPs vs. no pre-op counseling⁴
- **15** fewer ICU days and **8** fewer hospital days following specialized tracheostomy MDT care with SLP involvement vs. no specialized MDT care⁵

Mortality Risk

17% lower risk of death in adults with HNC following treatment by SLPs vs. no SLP care⁶

Fewer G-Tube Placements

2× less likely to require g-tube placement following HNC prehabilitative services by SLPs vs. no prehabilitation^{7,8}

Increased Decannulation Rates

Adults with tracheostomy were **58%** more likely to be decannulated if they received SLP evaluation vs. those with no evaluation.⁹



Greater intensity of MDT care with SLPs promotes safe and efficient discharges.

Reduced Risk of 30-Day Readmission After Stroke

Baseline Risk
No treatment

23% Less Risk
Low-intensity

34% Less Risk
High-intensity

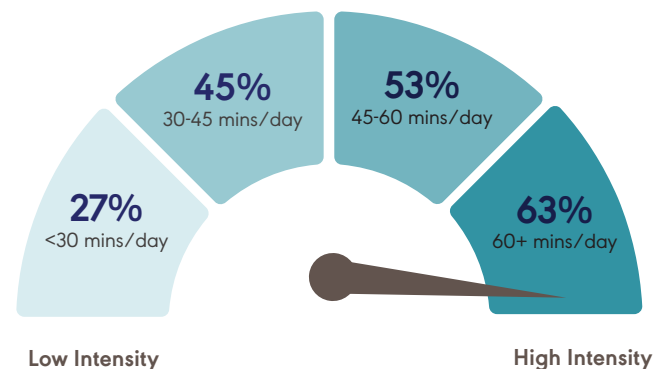
Readmission rate risk drops **23%** for those with low-intensity treatment and **34%** for those with high-intensity treatment.¹⁰

Successful Community Discharge From SNFs*

- **2–3×** higher likelihood of successful discharge for those with > 5.3 hours/week of MDT care¹²
- **8%** increase in number of successful discharges with each additional hour of SLP services¹²

Discharge From Skilled Nursing Facilities (SNFs)

More adults are discharged to the community with high-intensity MDT care vs. less intensive services.¹¹



More Intensive MDT Care in SNFs (>1 hour/day vs. <1 hour/day) leads to:

22%
lower readmission risk¹¹

2
days fewer length of stay¹¹

4×
lower mortality risk¹¹



Outpatient MDT care with SLPs boosts functional independence in adults with acquired brain injury vs. pre-treatment or no treatment.

32%
more adults returned to school or work¹³

10×
more likely to return to independent work at 1 year¹⁴

1.5×
more likely to live independently¹⁴

*Successful discharge is defined as returning to a community setting within 90 days, with at least 30 days' survival without rehospitalization or re-institutionalization.

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